



## Certificate of Dissolution Declaration of Invalidity of Marriage or Legal Separation

Please Type or Print in Permanent Black Ink

|  |   |   |                                     |                               |                 |
|--|---|---|-------------------------------------|-------------------------------|-----------------|
|  | <b>State File Number</b>  |   |                                     |                               |                 |
| <b>15. Spouse A Social Security Number</b>   | <b>Decree</b> – I certify the marriage of the persons named below was ordered as a  |   |                                     |                               |                 |
|  | 2. <input type="checkbox"/> Legal Separation <input type="checkbox"/> Dissolution of Marriage<br><input type="checkbox"/> Declaration of Invalidity |   | 3. Date of Decree<br>MM / DD / YYYY |                               |                 |
|  | 4. County of Decree   |   |                                     |                               |                 |
|  | 5. Signature of Superior Court Clerk  |   |                                     |                               |                 |
|  | <b>X</b>  |   |                                     |                               |                 |
| <b>To be Completed by Petitioner's Attorney or PRO SE</b>  |   |   |                                     |                               |                 |
| <b>16. Spouse B Social Security Number</b>   | <b>Spouse A</b>   |   |                                     |                               |                 |
|  | 6a. Name  |   | 6b. Birth Last Name if Different    | 6c. Date of Birth             | 6d. Birth State |
|  | First      Middle      Last   |   | (MM/DD/YYYY)                        | (If not USA give Country)     |                 |
|  | 6e. Current Residence (Number and Street)   |   | 6f. City                            | 6g. County                    | 6h. State       |
|  | <b>Spouse B</b>   |   |                                     |                               |                 |
|  | 7a. Name  |   | 7b. Birth Last Name if Different    | 7c. Date of Birth             | 7d. Birth State |
|  | First      Middle      Last   |   | (MM/DD/YYYY)                        | (If not USA give Country)     |                 |
|  | 7e. Current Residence (Number and Street)   |   | 7f. City                            | 7g. County                    | 7h. State       |
| 8. Place of this Marriage - County   |   | 9. State                                    | 10. Date of this Marriage           | 11. Number of Children        |                 |
|  |   | (If not USA give Country)                   | (MM/DD/YYYY)                        | (Born alive of this Marriage) |                 |
| 12. Petitioner   |   | 13. Name of Petitioner's Attorney or PRO SE |                                     |                               |                 |
| <input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) |   |   |                                     |                               |                 |
| 14. Petitioner's Attorney's Address  |   |   |                                     |                               |                 |

### Instructions for Completing Certificate of Dissolution, Declaration of Invalidity, or Legal Separation

Complete information for each item is required for registering and locating certificates and for providing the appropriate facts for legal matters and statistical purposes.

1. Items 1-5 are completed by the Clerk of the Court.
2. Items 6a-16 are completed by the attorney or petitioner PRO SE.
3. **All items must be completed**

On or before the tenth day of each month, the Clerk of the Court shall forward to the State Registrar of Vital Statistics, the Certificate of each Decree of Divorce, Dissolution of Marriage, Annulment or Separate Maintenance granted during the preceding month. RCW 26.09.150